

USAF REFRACTIVE SURGERY (USAF-RS) PROGRAM

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Applicability

Air Force personnel are authorized refractive surgery (RS) at any DoD RS Center and post-RS care at their military treatment facility, if they are Active Duty (AD) or Air Reserve Component (ARC) eligible for AD elective surgery benefits. ARC personnel not eligible for AD benefits may undergo RS at their own expense at civilian centers. RS is not a covered benefit under Tricare.

RS is an elective procedure. Although there is no AF requirement to undergo RS, this procedure can reduce operational disadvantages related to spectacle and contact lens wear and care. If you plan to pursue RS, you must read and understand the benefits, limits and risks associated with RS.

Treatment at DoD RS centers is prioritized for AF personnel. To ensure **prioritization** is in accordance with AF mission support, categories are based on duty requirements as follows:

Priority I: Personnel assigned to AF Aviation and Aviation-Related Special Duty (AASD) career fields and EOD personnel. Not included are permanently disqualified aircrew and/or former aviators who cross-trained from aviation career duties.

Priority II: Personnel whose routine military duties require wear of NVG, eye protection, or respiratory protection. This does not include nuclear biological chemical (NBC) masks worn only for deployment.

Priority III: Personnel who do not meet the above criteria in their current AFSC.

A member's squadron commander assigns the member's prioritization category, based on the above criteria.

The AF has two RS **Management Groups**—Aviation and Aviation Related Special Duty (AASD) and Warfighter. Both groups have specific USAF-RS requirements. All AD, regardless of whether they are in the AASD or the Warfighter group, and ARC AASD members requesting treatment at a DoD or civilian RS center **must** apply for this elective procedure and be granted written "Permission to Proceed" authorization from their appropriate program manager before undergoing RS. ANG AASD personnel must also obtain permission to proceed for RS from the Aviation Program Manager (APM). ARC and ANG Warfighters are exempt from obtaining written approval from an AF Warfighter Program Manager (WPM) to proceed but must obtain permission from their immediate commander. Additional guidance for elective surgery is found in AFI 41-101, *Obtaining Alternative Medical and Dental Care*, AFI 41-210, *Patient Administrative Functions*, and AFI 36-3003, *Military Leave Program*.

Photorefractive Keratectomy (PRK) and Laser In-Situ Keratomileusis (LASIK) are approved procedures for AASD and Warfighter personnel. Radial Keratotomy (RK) is not approved. Other FDA-approved procedures *may* be authorized for Warfighters, based on guidance from the AF/SG Refractive Surgery Consultant. Another type of laser eye surgery, Phototherapeutic

keratectomy (PTK), is a therapeutic treatment for diseases of the eye's cornea. In the context of this guidance, PTK is not an RS procedure.

RS re-treatment is handled as a new treatment. Personnel who desire or require re-treatment must submit an application IAW with their management group's requirements.

If applicable AF vision standards cannot be met following RS, a member may be disqualified from continued military service. AF AD and ARC members who undergo unauthorized RS treatment may be disqualified or restricted from certain duties.

Management Group Inclusion Criteria

There are two management groups, the **Aviation and Aviation Related Special Duty (AASD)** group and the **Warfighter** group. In accordance with AF policy, the application process and receipt of "Permission to Proceed" authorization must be accomplished before any CRS treatment (DoD or civilian). Permission-to-Proceed authorization is based on the review of the application by either the **Aviation Program Manager (APM)** or the **Warfighter Program Manager (WPM)** and provides an initial determination that AF RS guidelines have been met. These guidelines are defined by the USAF/SG consultant for Refractive Surgery and the USAF/SG consultant for Aerospace Ophthalmology. The final decisions of the appropriate procedure for you and whether to proceed are made by the treating RS surgeon and you.

To ensure specific mission requirements are met, AF personnel are assigned to one of three categories:

1. Applicants to AASD
2. Trained AASD
3. Warfighter, which includes all other AF personnel

The APM manages AASD applications, categories 1 and 2 above. The APM is located at the Aeromedical Consultation Service, USAF School of Aerospace Medicine, Wright-Patterson AFB, OH. Warfighter applications are managed by the WPMs, located at each of the AF RS centers. A tool to determine the appropriate RS management group is available at the AF KX (DoD CAC):

http://airforcemedicine.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.html?functionalarea=RS_USAF&doctype=subpage&docname=CTB_071204

or (Public Access):

http://airforcemedicine.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.html?functionalarea=RS_USAF&doctype=subpage&docname=CTB_071204

Trained AASD members are identified by both AFSC and ASC requirements. AASD applicants are managed, after training selection, according to their anticipated AFSC/ASC. Members permanently disqualified from AASD will be managed as a Warfighter.

AASD personnel are AF members whose primary duties involve in-flight and/or altitude chamber exposures. AASD includes career aircrew temporarily assigned to non-flight duties, such as staff or educational duties, while remaining qualified to return to flight duty. Non-aviation AFSC personnel currently assigned to aviation-related duties, such as parachutists or flight test engineers, are also included. AASD personnel whose aviation-related duties are terminated or suspended will be managed as a Warfighter.

Warfighter management group includes all other AF personnel not identified as applicant or trained AASD. **Note:** ANG Warfighters are exempt from the requirement to obtain permission to proceed with RS from the WPM. ANG AASD personnel must obtain permission to proceed with RS from the APM.

Responsibilities

AF member (AD or ARC) will:

- Submit USAF-RS application, required supporting documentation/evaluation, and squadron commander's authorization to the appropriate Program Manager: Warfighter Program Manager (WPM) or Aviator Program Manager (APM).
- Proceed only when management group requirements are met and "Permission to Proceed" is granted by the appropriate Program Manager (WPM/APM). Permission to proceed means the member is authorized to proceed for surgical evaluation at a laser center. It is ultimately up to the refractive surgeon whether or not the member will undergo the procedure.
- Read the FDA required RS booklet and material posted on the USAF-RS website (AF KX (DoD CAC): https://kx.afms.mil/kxweb/dotmil/kj.do?functionalArea=RS_USAF or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>
- Undergo RS procedures authorized by the USAF/SG Consultant for Refractive Surgery and the USAF/SG Consultant for Aerospace Ophthalmology.
- Inform and coordinate with your squadron commander, flight surgeon (FS)/primary care manager (PCM) and AF eye clinic of your application, treatment and required follow-up evaluations.
- **NOT** schedule RS at a time when surgery or recovery would interfere with an anticipated deployment cycle or within 6 months of separation/retirement.
- Notify your FS/PCM and eye clinic you have undergone USAF-RS within 1 week (or immediately upon returning to your duty location if the procedure was not done locally) of the RS procedure. This notification does not require an examination unless indicated by an eye care provider.

Responsibilities

Member's Squadron Commander will:

- Maintain a working understanding of USAF-RS program.
- Grant or deny authorization for USAF-RS application based on the best interests of the AF. The "Commander's Authorization" letter expires 6 months after the date of the commander's signature.
- Certify the member meets either the AASD or Warfighter Management Group definition, has sufficient service retainability (minimum: 6 months), and assign appropriate the treatment prioritization.
- Authorize unit-funded TDYs for treatment at DoD facilities for eligible AD/ARC Pilots and AD/ARC in-flight refuelers. Non-pilot/in-flight refueler personnel may be authorized unit-funded or permissive TDY. Leave status is not authorized for treatment at DoD RS Centers. TDY en route for refractive surgery must be authorized only after coordination for follow-up care. **Note:** See AFI 36-3003 for further guidance (DoD CAC) <http://www.e-publishing.af.mil/shared/media/epubs/AFI36-3003.pdf>
- Support operational restrictions following USAF-RS, as required.

Responsibilities

Flight Surgeon (AASD management groups) will:

- Maintain working understanding of the USAF-RS program.
- Serve as point of contact for and monitor all AASD personnel during application, treatment and post-RS management to ensure program compliance.
- Coordinate required RS-related evaluations with the local eye care provider.
- Accomplish appropriate grounding actions and waiver recommendations.
- Submit an aeromedical summary and all required waiver documentation in AIMWTS. Please see the waiver guide at: AF KX (DoD CAC): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>. Return to flight status before waiver completion is not authorized.
- Initiate AF Form 469 as required. Member will not deploy or PCS until steroid eye drops have been discontinued and at least 1 month has passed since the date of surgery. Post-RS steroid treatment is co-managed by the treating surgeon and the local eye care provider and may be required for 4 months or longer. Note: In extenuating circumstances PCS while on steroid eye drops may be authorized only after coordination with the gaining MTF for follow-up care, due to the need to monitor the member's intraocular pressure. The gaining eye care provider must sign a co-managed care agreement before the member is authorized to PCS.
- Provide squadron education briefings on USAF-RS policy. Briefings may be in conjunction with local eye care provider.
- Provide administrative monitoring (i.e., through AIMWITS, PIMR) if the member's co-management is provided by a non-AF provider. The local AF flight surgeon or eye care provider must sign an administrative monitoring agreement, ensuring all RS pre-operative, post-operative, RS-related incident and supporting documents are entered into AHLTA and a hard copy placed in the medical record following the same guidelines as for any other medical visit.
- Report to USAF-RS APM aircrew grounded for unexpected RS-related events.

Responsibilities

Waiver Authority will:

- Complete aircrew waiver actions in AIMWITS as specified in the waiver guide at AF KX (DoD CAC): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>).
- Ensure initial term of waiver validity will not exceed 1 year (12 months from date of surgery). The first year waiver renewal will be for 1 year. The second renewal may be for 2-3 years at waiver authority's discretion.
- NOT delegate waiver and certification authority to the local/base waiver authority.

Responsibilities

PCM (Warfighter Management Group) will:

- Maintain a working understanding of USAF-RS program.
- Initiate AF Form 469 as required. An AF member will not deploy or PCS until steroid eye drops are discontinued and at least one month has passed since the date of surgery. Post-RS steroid treatment is co-managed by the treating surgeon and the local eye care provider and may be required for 4 months or longer.
- In extenuating circumstances, PCS while on steroid eye drops may be authorized only after coordination for follow-up care due to the need to monitor the member's intraocular pressure. A co-managed care agreement must be signed by the gaining eye care provider before the member is authorized to PCS.
- If the member's co-management is provided by a non-AF eye care provider, the PCM or local eye care provider is responsible for ensuring all copies of RS pre-operative, post-operative, and RS-related incident and supporting documents are entered into AHLTA and a hard copy placed in the medical record following the same guidelines as for any other medical visit.

Responsibilities

Air Force Eye Care Provider will:

- Maintain a working understanding of the USAF-RS program.
- Serve as the point of contact for Warfighter Management Group personnel during the RS application, treatment and post-RS management.
- Monitor all RS-treated AF personnel either by co-management with a DoD RS Center and/or by “Administrative Co-Management”.
- Attend the USAF-RS for Warfighters Workshop, offered by the USAF School of Aerospace Medicine, at the earliest possible opportunity based on local mission requirements. If a provider does not attend this training before providing RS care, the provider’s must take the on-line certification offered at https://afms.csd.disa.mil/kc/main/kc_frame.asp?bInWhatsNew=True. This allows the provider to a valid waiver until the next scheduled workshop. Refresher workshop attendance is highly recommended every 4 years, or as directed by USAF-RS Consultant. For workshop information, visit the website: AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>.
- Coordinate and accomplish clinical screening, referral/application and post-RS evaluations IAW appropriate Management Group requirements.
- Use AF-approved RS application and post-RS evaluation forms. Specific guidance regarding current approved forms is available on the website: AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>
- Sign the co-managed care agreement for a member’s post-RS management/care before any RS is scheduled. If the co-managed care agreement expires prior to the intended surgery date, the co-managed care agreement must be re-accomplished to ensure co-management services are available post-operatively.
- Initiate and manage appropriate AF Form 469 in conjunction with member’s PCM.
- Notify applicable USAF PM and USAF RS Consultant of any RS complications or incidents. See AF/SG consultant listing on <https://kx.afms.mil/kxweb/dotmil/kj.do;jsessionid=DFBF21C7AA1E97BC880DAFC522D2EB1F?functionalArea=SGConsultants>.
- For AASD management, will advise member’s FS on aircrew’s status for appropriate DNIF actions.

- Report to FS and USAF-RS APM aircrew that require grounding for unexpected RS-related events.
- Ensure all post-operative evaluations, reports and supporting documents are available for the flight surgeon's review through appropriate AHLTA documentation, supplemented by hard copies in the medical record when required. These forms must be available to the flight surgeon within the same guidelines as any other medical visit. For current post-op forms, see the refractive surgery website.
- Support FS's squadron and professional staff education briefings on RS and related policies.

Responsibilities

USAF-RS Centers will:

- Comply with RS clinical practice guidelines published by USAF-RS consultant and posted on the AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>) and the Air Force Waiver Guide for AASD personnel.
- Review and provide clinical quality control of RS documentation
- Certify eligibility and ensure member has been authorized to undergo RS IAW appropriate management group.
- Ensure a valid Managed Care Agreement and Commander's Authorization form is on file for the member prior to scheduling RS treatment.
- Verify applicant has "Permission to Proceed" from the appropriate Program Manager.
- Notify member and local eye care provider of clinical eligibility and coordinate scheduling for Warfighter applicants. For AASD, RS-centers will notify the member, flight surgeon and local eye care provider of clinical eligibility and coordinate scheduling for AASD applicants. RS procedures for USAFA cadets will be accomplished at the USAFA Refractive Surgery Center.
- Accomplish final pre-operative, operative and post-operative documents IAW quality assurance guidance.
- Report AASD RS-related complications and/or DNIFs to USAF-RS APM and USAF-RS Consultant. Email and physical address are located on the AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>
- Will report Warfighter RS-related complications to the USAF-RS Consultant and the AF WPM. See AF/SG consultant listing on https://kx.afms.mil/kxweb/dotmil/file/web/ctb_094132.pdf
- Maintain currency in RS technology and clinical guidelines as specified by USAF RS Consultant and attend training specified by USAF RS Consultant.

Responsibilities

USAF-RS Consultant will:

- Certify currency of all USAF-RS Centers. Coordinate procedures and management of all USAF-RS centers. Provide education and training for USAF-RS Centers.
- Develop and review USAF-RS Clinical Practice Guidelines. The guidelines will be available online at the USAF-RS website: AF KX (DoD CAC):
<https://kx.afms.mil/USAF-RS> or (Public Access):
<http://airforcemedicine.afms.mil/USAF-RS>
- Develop and review USAF-RS management referral criteria in coordination with USAF Aerospace Ophthalmology Consultant.
- Develop and provide USAF-RS application, post-RS evaluation forms and related documents in conjunction with USAF Aerospace Ophthalmology Consultant.
- Develop and maintain web-based information source on USAF-RS policy/program and related documents in conjunction with USAF Aerospace Ophthalmology Consultant.
- Certify co-managing eye care providers in coordination with USAF Aerospace Ophthalmology Consultant. Eye care providers will be certified by attending the USAF-RS for Warfighters Workshop.
- Will coordinate study materials and tests administered by the USAF Aerospace Ophthalmology Consultant. Non-AF and non-AD eye care providers will be certified through the “USAF Refractive Surgery Co-Management Certification” course found online through AFMS “Med + Learn” site on the ADLS Gateway of the AF portal. The on-line course presents AF RS policies and procedures. Study materials and test will be administered by the USAF Aerospace Ophthalmology Consultant. Intent of the self-study and testing is to ensure the non-AD AF eye care provider is aware of the RS procedures and deployment/PCS restrictions for all AF personnel with special emphasis on AASD members. This course is also used to certify AD eye care providers new to the AF in co-managing RS patients until they can attend the resident course offered each year.

Responsibilities

USAF Aerospace Ophthalmology Consultant will:

- Develop and provide aviation RS application form, post-RS evaluation forms and related documents in coordination with the USAF-RS Consultant.
- Accomplish advanced clinical pre- and post-op reviews and evaluations on AD/ARC pilots and in-flight refuelers IAW RS policy and the waiver guide.
- Develop, validate and field quality-of-vision tests to assess visual performance after RS, to assist in waiver processing of aircrew at the return-to-fly and waiver renewal points. Tests must be coordinated and approved by USAF/SG3P Chief, Aerospace Medicine Policy and Operations.
- Educate and certify AF eye care providers for RS management in conjunction with the USAF-RS Consultant.
- Educate and certify non-AF eye care providers for RS co-management in conjunction with the USAF-RS Consultant. Certification will be designed to ensure co-managing eye care providers are aware of the appropriate guidelines and requirements for AF members, regardless of the Service providing the RS treatment or post-operative care.
- Provide oversight and direction of USAF-RS for Warfighters Workshop in conjunction with the USAF-RS Consultant.

Responsibilities

USAF/SG3P Chief, Aerospace Medicine Policy and Operations, or USAF/SG designee will:

- Provide USAF-RS policy and updates as required.
- Provide updates on status of RS in AF personnel to HQ AF/SG.

Applicants to Aviation and Aviation-Related Special Duty (AASD)

Pre-RS Criteria

- AASD applicants are managed, after training selection, in accordance with their anticipated AFSC/ASC. Members permanently disqualified from AASD will be managed as a Warfighter.
- AASD personnel are AF members whose primary duties involve in-flight and/or altitude chamber exposures. AASD includes career aircrew temporarily assigned to non-flight duties, such as staff or educational duties, while remaining qualified to return to flight duty. Non-aviation AFSC personnel currently assigned to aviation-related duties, such as parachutists or flight test engineers, are also included. AASD personnel whose aviation-related duties are terminated or suspended will be managed as a Warfighter.
- See USAF-RS Website for Clinical Criteria: AF KX (DoD CAC):
<https://kx.afms.mil/USAF-RS> or (Public Access):
<http://airforcemedicine.afms.mil/USAF-RS> and the Air Force Waiver Guide for specific guidance related to AASD personnel.
- Documentation of pre-RS status must be provided.

Post-RS Requirements and Waiver Process

- Applicant must be a minimum of 12 months post-RS for waiver disposition. **Note:** Applicant may begin waiver process no sooner than nine months post RS.
- The examining FS must enter all pre- and post-RS documentation in PEPP and AIMWTS, including the documentation of those applicants who are medically disqualified at the time of their initial flying class physical examination.
- Aeromedical summary accompanying the initial physical examination must include documentation indicating all clinical criteria are met.
- Read the waiver guide for specific post-RS requirements (Website: AF KX (DoD CAC):
<https://kx.afms.mil/waiverguide> or (Public Access):
<http://airforcemedicine.afms.mil/waiverguide> .

Trained Aviation and Aviation-Related Special Duty (AASD) Personnel

Application Process

- See aircrew waiver guide for specific clinical guidelines. AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS> .
- AASD RS application information and required application form is available on-line at: AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS> .
- AD and ARC, eligible for AD elective surgery benefits, AASD personnel must have 6 months of retainability following the planned RS treatment.
- Read the FDA required refractive surgery informational booklet and material posted on the USAF-RS website AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>) prior to RS.
- Member will submit all completed application and supporting documents to:
The email or physical address found at: AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS> .
- USAF-RS APM will review completed aviation RS application to ensure program policy criteria are met and issue permission to proceed or denied as appropriate.

Permission to Proceed

- The APM makes one the following determinations based on the application:
Approved: “Permission to Proceed” is granted. Member is authorized to proceed with RS evaluation at a treatment center. Instructions to undergo RS evaluation will accompany the approval. Treatment must be completed within 6 months of the commander’s signature on the command authorization form. The application process must be re-accomplished if member is unable to accomplish RS within this time period.
Denied: Applicant does not meet AASD personnel pre-RS criteria. Applicant is not authorized to undergo RS treatment IAW USAF-RS policies. Applicant may not undergo Warfighter or civilian RS unless authorized by USAF-RS APM. **Note:** Treatment under Warfighter policy or at a civilian facility, if previously denied under aviation policy, may result in permanent disqualification from future aviation duties.
- USAF-RS “Permission to Proceed” determination document will be sent to the member with a copy to the member’s FS and AF eye care provider, and member’s preferred RS treatment center location by the APM. AASD member may not undergo RS prior to receipt of “Permission to Proceed” from the APM. It is the responsibility of the treating surgeon and AF member to ensure this requirement is met.

- All AF AD and ARC Trained AASD personnel eligible for AD elective surgery benefits are authorized treatment at any DoD RS center on either unit funded or PTDY IAW AFI 36-3003. *Military Leave Program*.
- Trained AASD personnel not eligible for AD elective surgery benefits may have RS at their own expense at a civilian center and must take leave IAW AFI 36-3003 once “Permission to Proceed” from the APM has been granted.
- No aviation personnel will receive monovision (one eye corrected for distance vision and the other corrected for near vision) refractive surgery.
- FS will manage appropriate grounding actions and DLC

“Return to Flight Status” Duties and Post RS/Waiver Requirements

- Read the waiver guide for specific post-RS requirements (Website: AF KX (DoD CAC): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide> .
- Member must undergo a post-RS evaluation as defined in the waiver guide. Failure to comply with evaluations and submission of documentation may result in grounding (DNIF) until requirements are met.
- Unless eligible for AD medical care benefits, ARC members must undergo the required post-RS evaluations at their own expense from a civilian RS provider. Copies of post-RS evaluations must be provided and entered into member’s AF medical record.
- The member’s AF flight surgeon will submit an aeromedical summary and all required waiver documentation in AIMWTS (per the waiver guide) for forwarding to the waiver authority, usually but not always the MAJCOM/SGP. The waiver authority will not grant any waivers until all required information is received in AIMWTS and made available to the USAF-RS APM. **Note:** Return to flying status with a local AF Form 1042 prior to waiver approval by the waiver authority is not authorized.
- Any visual complaints, surgical complications, post-surgical incidents, or recommended duty restrictions must be documented in the evaluation documentation and submitted via AIMWTS at initial waiver or waiver renewal.
- If corrective spectacle lenses are required to meet applicable vision standards, they must be prescribed and worn. If contact lenses are prescribed and worn, wearers must carry spectacle back-ups when flying IAW the Aircrew Contact Lens Program Policy. If NVG are required for the duty position, applicable NVG vision standards must be met.
- Member will not deploy or PCS while on steroid eye drops after any RS procedure. Individuals will not be eligible for deployment until steroid eye drops are discontinued and at least 1-month has passed from the date of surgery.

- Member will not schedule RS at a time where surgery or recovery would interfere with an anticipated deployment cycle.

Post-RS/Waiver Requirements

- Follow-ups must be accomplished IAW USAF-RS waiver guide at website AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS> .

Warfighter Personnel

Warfighter RS Application Process.

- All AF personnel not managed IAW AASD requirements must comply with Warfighter management group requirements.
- Member will obtain the Commander's Authorization and application forms posted on the USAF-RS website AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>
- AD and ARC, eligible for AD elective surgery benefits, personnel must have 6 months of retainability following the planned RS treatment.
- AD and eligible ARC members may obtain an approved RS procedure at any DoD RS Center. DoD RS Centers will contact member regarding schedule appointment for RS after approval has been granted.
- For ARC personnel not eligible to receive elective surgery at AF medical treatment facilities or AD personnel electing civilian treatment, the member must obtain the RS and follow-up at their own expense.

"Permission to Proceed" Information.

- Warfighter personnel undergoing RS may travel on permissive TDY or unit-funded TDY status IAW AFI 36-3003, *Military Leave Program*. RS planned during TDY en route with a PCS is authorized only after coordination for follow-up care from the gaining base. Leave status is not authorized for treatment at DoD RS Centers.
- Warfighters eligible for AD elective surgery may be treated at any DoD RS Center. Coordination for treatment is managed by the member. The member's squadron commander must grant permission for USAF-RS prior to treatment.
- Warfighters not eligible for AD elective surgery benefits are authorized civilian RS treatment and follow-up at their own expense within the guidelines of AFI 41-210 *Patient Administrative Functions* (electing optional medical care). Application and supporting documents must be completed and submitted as set forth in this policy. USAF- RS WPM must grant "Permission to Proceed" as below.

Approved: ("Permission to Proceed" is granted). Member is authorized to proceed with RS evaluation. Instructions to undergo RS treatment will accompany the approval. Treatment must be completed within 6 months of the commander's approval date. The application process must be re-accomplished if member is unable to accomplish RS within this time period.

Denied: (Applicant does not meet pre-RS criteria). Applicant is not authorized to undergo RS treatment IAW USAF-RS policy. Applicant may not undergo Warfighter or civilian RS unless authorized by USAF-RS WPM. **Note:** Treatment at a civilian facility, if previously denied under USAF-RS policy, may result in permanent disqualification from military duties.

- USAF-RS “Permission to Proceed” determination document will be sent to the member with a copy to the member’s AF eye care provider and the planned RS center. Member may not undergo RS prior to receipt of an approved “Permission to Proceed” document. It is the responsibility of the treating surgeon and AF member to insure this requirement is met.

“Return to Duty” Requirements.

- Unless accomplished by the RS center, the member’s PCM in conjunction with the local eye care provider must initiate and manage an appropriate DLC when the member returns from an RS procedure.
- Member will not deploy or PCS while on steroid eye drops after any RS procedure. Individuals will not be eligible for deployment until steroid eye drops are discontinued and at least 1-month has passed from the date of surgery.
- All personnel undergoing RS must be evaluated by a DoD eye care provider in order to be cleared to resume unrestricted duties.
- Member may return to limited duty (but is still not deployable) within a few days after surgery as recommended by the local eye care provider.
- Individual must meet applicable USAF vision standards before returning to full duty. If corrective lenses are required to meet the applicable vision standards, they must be prescribed and worn. If prescribed contact lenses, wearers must have a spectacle back-up. If NVG are required, applicable NVG vision standards must be met.

Post-RS Requirements.

- Follow-ups must be accomplished IAW USAF-RS website AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS> . Local RS follow-up must be accomplished by the MTF, prioritized IAW AFI 41-115.

Air Force Personnel Seeking RS at a Civilian Treatment Center

Civilian RS application process

- AF members (AD or ARC) not eligible for AD elective surgery benefits or electing to pursue civilian treatment are authorized to obtain RS and follow-up care at their own expense. Additional AF guidance for elective surgery is found in AFI 41-101, *Obtaining Alternative Medical and Dental Care*, AFI 41-210, *Patient Administrative Functions*, and AFI 36-3003, *Military Leave Program*
- Civilian RS application information, required application form, and other supporting documents are available on-line at: AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS> .

AF Member's responsibilities

- Submit the USAF-RS application, required supporting documentation, and evaluation to include the Commander's Authorization Form. If civilian treatment is desired, ensure the Administrative Monitoring Agreement for "Civilian Treatment and Managed Care Agreement for Civilian Treatment" forms are included with the application IAW specific management group requirements.
- Member will NOT proceed with or schedule surgery until specific management group requirements are met and "Permission to Proceed" authorization from the appropriate USAF-RS Program Manager is granted.
- Read the FDA required refractive surgery informational booklet and material posted on the USAF-RS website (AF KX (DoD CAC): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>) prior to RS.
- Undergo authorized USAF-RS procedures IAW this guidance and receive all follow-up care by civilian RS center at the member's own expense.
- Inform and coordinate with the squadron commander, FS/PCM and AF eye clinic of USAF-RS application, treatment and follow-up evaluations, as required. Notify FS/PCM and AF eye clinic that he/she has undergone USAF-RS within 1 week of RS procedure.
- Comply with and accomplish all required referral and follow-up evaluations. Non-compliance may result in duty restrictions and/or disqualification.
- Provide a copy of all pre-operative evaluations, surgical reports, and follow-up exams performed by the civilian RS center for inclusion in military medical records.

FS/PCM responsibilities.

- Initiate an AF Form 469 in coordination with the patient's eye care provider.

- Evaluate the member to determine if USAF Vision Standards are met.
- Notify the appropriate USAF-RS Program Manager of any RS-related complications or incidents per clinical practice guidelines.

“Permission to Proceed for RS evaluation”

To ensure specific requirements are met, personnel are assigned to one of the following USAF-RS categories:

Applicants to AASD
 Trained AASD
 Warfighter (all other AF personnel)

AASD applications are managed by the Aviation Program Manager (APM). Warfighter applications are managed by the Warfighter Program Manager (WPM). A tool to determine the appropriate RS management group is available at the AF KX (DoD CAC):

<https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>
 .12.27.1.

- The APM or WPM accomplishes “Permission to Proceed for RS Evaluation” uses one of two determinations.

Approved: (“Permission to Proceed” is granted). Member is authorized to proceed with RS evaluation for surgery at the civilian laser center. Instructions to undergo RS evaluation will accompany the approval. Evaluation and surgery must be completed within 6 months of the commander’s authorization date of signature. The application process must be re-accomplished if the member is unable to accomplish RS within this time period.

Denied: (Applicant does not meet USAF pre-RS criteria). Applicant is not authorized to undergo RS treatment IAW USAF-RS policies. Applicant may not undergo civilian RS unless authorized by the appropriate USAF-RS program manager. **Note:** Treatment at a civilian facility, if previously denied by USAF policy, may result in duty restrictions and/or permanent disqualification from future aviation duties.